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Bib Data Sheet

CONFIRMATION NO. 1587

SERIAL NUMBER 09/645,028	FILING DATE 08/23/2000 RULE	CLASS 713	GROUP ART UNIT 2188	ATTORNEY DOCKET NO. 1010722-991101
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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 09/591,034 06/09/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/01/2000****\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 19	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

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**TITLE**

Mobile application security system and method

<b>FILING FEE RECEIVED</b> 660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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